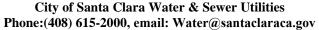
APPLICATION FOR USE OF PORTABLE HYDRANT METER City of Santa Clara Water & Sewer Utilities





Name:		Company:				
Address:		City, State, Zip:			_	
Work Location:_ (if various locations,	nlagga attach man)	Site Conta				
		(please provi ense?:YesNo Licens	,			
		No If yes, list general contractor				
The you a sub co.	165	11 yes, hist general contractor	with whom you are work			
Signature			PLEASE PRIN	IT NAME		
** By signing this	application, I acknowledg	ge receipt of a copy of the "Water fro	om Fire Hydrants" and ac	ceptance of the cond	litions therein. I further	
_	•	the meter for inspection on an annu	al basis to the address be	low. Please note tha	t any refunds will be	
-	nsible party for the accour		535 V. A	1.4 6 1		
		to the Water Department at 170	S Martin Avenue upon c		stated above. 	
ISSUED				RECEIVED		
DATE			DATE			
OUT READ			IN READ			
QUANTITY	CONDITION	DESCRIPTION		QUANTITY	CONDITION	
	GOOD	METER SERIAL #			GOOD/DAMAGED	
	GOOD	BACKFLOW #			GOOD/DAMAGED	
	GOOD	ADJUSTABLE HYDRANT V	WRENCH (\$25.00)		GOOD/DAMAGED	
EXCHANGED FOR METER #		READING	BACKFLOW #_		DATE	
EXCHANGED FOR METER #		READING	BACKFLOW #_		DATE	
DAMAGED/MI	ISSING PARTS				<u>COST</u>	
ISSUED BY			RECEIVED BY			
ACCEPTED BY						
FOR CASHIER'S USE ONLY:		AMOUNT OF DEPOSIT: \$1509.00				
Receipt #		Date:	Cash	ier's Initials:		
Transferred Date	:	Custo	mer #:			